No. 300
10.48

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1016

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Howard. 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin
c. LENGTH OF STAY (In this place) 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Howard.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin Mo. 65250
d. STREET ADDRESS (If rural, give location) 107 N. Union

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle) Hale
c. (Last) Meyerotto

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4. 55

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Mar. 9 - 1871
9. AGE (In years last birthday) 83. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home
10b. KIND OF BUSINESS OR INDUSTRY Housewife.
11. BIRTHPLACE (State or foreign country) Fremon Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Buckelin.
13b. MOTHER'S MAIDEN NAME Elvira Winn.
14. NAME OF HUSBAND OR WIFE August Meyerotto.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ___ (If yes, give war or dates of service) ___
16. SOCIAL SECURITY NO. no.
17. INFORMANT'S SIGNATURE OR NAME Mrs E. E. Murphy **ADDRESS** New Franklin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — Unknown

DUE TO (c) Hypertension — Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Myocarditis — Unknown

19a. DATE OF OPERATION ___
19b. MAJOR FINDINGS OF OPERATION ___
331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ___
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ___
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ___

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ___

22. *I hereby certify that I attended the deceased from* Dec 5, 1954, *to* Jan 4, 1955, *that I last saw the deceased alive on* Jan 3, 1955, *and that death occurred at* 3:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Chamberlain (Degree or title) MD
23b. ADDRESS Boonville Mo
23c. DATE SIGNED 1-5-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 6 - 55
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery
24d. LOCATION (City, town, or county) Boonville Mo. (State)

DATE REC'D BY LOCAL REG. 1-5-55
REGISTRAR'S SIGNATURE Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE T. L. Hall **ADDRESS** New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed N. R. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.